AIMS Vascular Access
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IV Update

A Review of Vascular Access & IV Infusion Topics

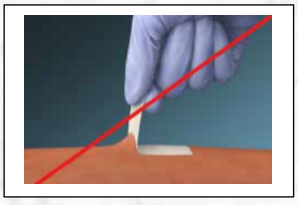
February 2021

Saving the Skin

Preserving and maintaining healthy, intact skin is a significant concern for all patients, but especially in populations at higher risk of impaired skin integrity, including the elderly, the obese, and those with a number of other co-morbidities including immobility and chronic use of steroids. Adhesives are a necessary evil in the world of vascular access, serving not only to secure intravenous devices to prevent displacement, but also to protect them from contaminants. When working with patients who have paper-thin skin prone to tears, taking extra precautions to protect their skin before applying adhesive, positioning the VAD (vascular access device) in an optimal area to promote site health, and very careful, methodical removal will help to minimize any skin irritation or breaks in this important layer of protection.

1. **Site selection:** If possible, choose a site for VAD placement well away from areas of flexure. The more movement there is at an IV site, the more the adhesive covering is likely to pull at the skin, work it's way loose, and require additional tape or replacement of the adhesive covering. If reinforcement is required, avoid use of plastic tapes. Paper tape is designed for fragile skin and is less likely to cause damage to the epidermis when used.
2. 

Site preparation: Trim hair away from the site with trimmers or scissors prior to VAD insertion. Using a razor is contraindicated due to the risk of infection inadvertent removal of skin cells. When cleaning the VAD site with alcohol or chlorhexidine, allow the skin to dry COMPLETELY before inserting the VAD and applying adhesive. Incomplete drying means incomplete disinfection, and the trapped still-wet adhesive can cause severe skin irritation. Use a liquid protective skin barrier wipe before applying adhesives to the skin. This lays down an invisible polymer that serves to protect the skin when adhesives are applied.
3. **Adhesive removal:** Slow, methodical removal of adhesives with the use of an adhesive remover wipe is recommended. "Stabilize the skin with one finger at the peel line. Remove tape 'low and slow' in the direction of hair growth, keeping it close to (parallel with) the skin surface while pulling it back over itself.
Pulling tape at a vertical angle (perpendicular) to the skin will pull at the epidermis, increasing the risk of MARSI (Medical Adhesive Related Skin-Injury." (source: 3M.com)



The Importance of Stabilization

PICC line stabilization is a vital piece of the PICC line apparatus. It is an add-on device just like the needleless connector, and because of this distinction, it requires changing once every 7 days or when the dressing is changed, but just as you would never remove a needleless connector without replacing it, the PICC line stabilizer should always be replaced when it is removed.

There are many designs for engineered PICC stabilization. Manufacturers design these devices to promote line stability, skin protection, and ease of use. There are many studies outlining the advantages of each brand type but the important thing to keep in mind is that PICC lines can be displaced or accidentally removed much easier when these devices are not in use. Excessive movement of a PICC line can also lead to phlebitis and site irritation. The Infusion Nurses Society highly recommends device stabilization with all vascular access devices.

If you do not have access to a stabilization device for dressing changes, please speak to your facility manager about providing these for use in PICC dressing changes. A less effective alternative to an engineered device might be steri-strips applied over the hub of the device. If these are used, they must be sterile and applied in a sterile fashion.

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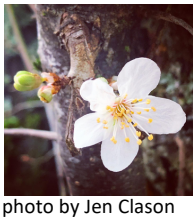

photo by Jen Clason